



Policy 481

Immunization Screening and Referral Protocol

April 5, 2019

POLICY

Local WIC programs will screen WIC applicants and participants who are between 3 and 24 months of age for immunization status and refer those who might be at risk for under-immunization.

PURPOSE

To ensure that infants and children served by WIC are screened for immunization status using a documented immunization history, and, if needed, referred for immunizations. The following minimum requirement does not replace more comprehensive immunization screening, assessment, and referral activities already in place in any WIC agency. Local WIC programs have the option of screening children up to the age of five years.

RELEVANT REGULATIONS

ASM 01-56—Immunization Screening and Referral in WIC
Executive Memorandum of December 11, 2000

OREGON WIC PPM REFERENCES

- ◆ [646—Mid-Certification Health Assessment](#)

TWIST TRAINING MANUAL REFERENCES

Chapter 3 – Client Processes

- Section 1 – Intake and Enrollment, Lesson 102 – Enrollment
- Section 4 – First Nutrition Education Contact, Lesson 404 – Referrals
- Section 8 – Other Client Processes, Lesson 807 – Immunization Status Button

DEFINITIONS

Documented history/record: A record (electronic or paper) in which actual vaccination dates are recorded.

Minimum screening protocol: The required procedures used to identify infants or children who might be at risk for under-immunization.

Immunization schedule: Current schedule of immunization consistent with that recommended by Centers for Disease Control and Prevention (CDC).

ALERT IIS: Oregon's Statewide Immunization Information System

DTaP: Diphtheria and tetanus toxoids and acellular pertussis. DTaP is also sometimes written as DTP.

PROCEDURE

WIC's role and responsibilities

- 1.0 WIC staff are required to screen all WIC participants age 3 to 24 months of age at each certification visit and at the mid-certification health assessment (MCHA) and refer those who are under-immunized. All immunization referrals need to be documented in TWIST. In immunization screening and referral, WIC's role is intended to enhance rather than substitute for existing immunization activities and on-going immunization program initiatives.
 - 1.1. Local programs will establish a procedure that identifies how staff will be trained.
 - 1.2. Immunization screening and referral procedures are **never** to be used as a condition of eligibility for any WIC services.
 - 1.3. When scheduling WIC certification and mid-certification health assessment appointments for infants or children between ages 3 months and 24 months:
 - 1.3.1. Advise the parents or caregivers that immunization records are requested as part of the WIC health screening process.
 - 1.3.2. Explain the importance WIC places on making sure that infants and children are up-to-date on immunizations
 - 1.3.3. **Assure applicants that immunization records are not required to obtain WIC benefits.**
 - 1.3.4. Explain to the parent or caregiver who chooses not to immunize their infant or child that WIC is required to request immunization records at each subsequent certification visit.
 - 1.4. Screen the infant or child's immunization status at all certification visits and at the MCHA for infants or children between ages 3 months and 24 months.
 - 1.4.1. Screening is not required at quarterly nutrition education contacts unless requested by the parent or caregiver.

Not WIC staff responsibilities

- 2.0 This protocol is not meant to fully assess immunization status, but to allow WIC to effectively fulfill its role as an adjunct to health care by ensuring that WIC infants and children at risk for under-immunization are referred for appropriate care.
 - 2.1. WIC staff are **not** responsible for:
 - Assessing immunization records beyond counting DTaP doses by age when screening using a vaccine administration record.
 - Answering technical questions about immunizations.
 - Entering immunization data into computerized systems.
 - Collecting additional or updated immunization records.
 - Convincing parents or caregivers who refuse to immunize their infants or children why they should be immunized.
 - 2.2. Interpreting immunization records that cannot be assessed using the minimum screening method described in ¶3.0.

Screening methods

- 3.0 Screen immunization status by using a documented record (electronic or paper) on which actual vaccination dates are recorded. This may include:
- A parent or caregiver’s hand-held immunization record from their provider;
 - An immunization registry, such as Oregon’s ALERT IIS;
 - The Immunization Status Button in TWIST; or
 - A participant’s chart or a copy of the record from the chart

Screening using a vaccine record

- 3.1. Screen for immunizations by counting DTaP (diphtheria and tetanus toxoids and acellular pertussis) vaccines. This method can be used if a TWIST record is not available and a vaccine record is provided:
- By three months of age, at least one dose of DTaP
 - By five months of age, at least two doses of DTaP
 - By seven months of age, at least three doses of DTaP
 - By 19 months of age, at least four doses of DTaP

Screening in TWIST

- 3.2. The TWIST “Immunizations Status” button indicates that immunizations are up-to-date, immunizations are due, or no data is available.
- 3.2.1. If TWIST states that immunizations are due or no data is available, staff may print and offer the TWIST Immunization Due letter, or information on the recommended childhood immunization schedule.
- 3.2.2. If TWIST states that immunizations are up-to-date or documented record shows the correct number of DTaPs for the child’s age, no referral is necessary.

Referrals

- 4.0 If immunization data indicates that the child’s immunizations are not up-to-date, if a record is not available in TWIST, if staff cannot interpret the record, or if a vaccine record is not provided, the local program will:
- 4.1. Print and offer the TWIST Immunization Due letter, or information on the recommended age-appropriate immunization schedule for the infant or child;
- 4.2. Refer the individual to immunization services, ideally to the infant or child’s medical provider or the health department immunization clinic;
- 4.2.1. Local programs will make available referral information appropriate for their community
- 4.3. Encourage the individual to bring the infant or child’s immunization record to the next certification visit, if no data was available in TWIST; **and**
- 4.4. Document the referral in TWIST.

Refusal to immunize child

- 5.0 If the parent or caregiver has chosen **not** to immunize the infant or child, the local program will:
 - 5.1. Assure the individual that immunization status does not affect the infant or child's eligibility for WIC services;
 - 5.2. Explain WIC's role in supporting immunization screening;
 - 5.3. Refer to the child's medical provider for more information on immunizations;
and
 - 5.4. Advise the individual that WIC is required to request immunization records at each certification.

Staff training

- 6.0 All local WIC program staff who are responsible for screening immunizations and referring to immunization services will receive training. Local WIC program staff who screen and refer do not need to be a competent professional authority (CPA).
 - 6.1. Local WIC coordinators will work with local immunization coordinators to provide staff training.
 - 6.1.1. The Oregon Immunization Program will provide current materials for training local WIC programs.
 - 6.1.2. Local WIC programs with access to staff qualified to conduct immunization training, may provide that training to WIC staff, as needed.
 - 6.1.3. Local WIC programs will establish a procedure to train new staff and provide updated information to staff.

Documentation

- 7.0 Documentation of immunization screening and referral is required. WIC staff will follow the above **minimum screening and referral protocol** as a standard clinic procedure.
 - 7.1. Document screening and referral in TWIST.
 - 7.2. If a parent or caregiver chooses not to immunize the infant or child, the local WIC program has the option of documenting that refusal in TWIST.

REFERENCES

1. Immunization Schedule for Infants & Children from the Centers for Disease Control and Prevention (CDC) website: <http://www.cdc.gov/vaccines/schedules/easy-to-read/child.html>
2. Oregon Immunization Program website: <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/GETTINGIMMUNIZED/Pages/index.aspx>

If you need this in large print or an alternate format, please call 971-673-0040.

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POLICY HISTORY

Date	* Revised, Reviewed, Released
4/9/2004	Released
4/11/13	Released
4/5/2019	Released

The date located at the top of the policy is the date of the most recent release. Policies are to be implemented on release date and will become compliance findings 6 months from the release date.

***Released:** Significant changes made to policy. Release notes can be found in the corresponding document on the [Policy and Procedure Manual page](#).

Reviewed: The writer looked at this policy to make sure it was still accurate. Formatting changes may have occurred.

Revised: Minor edits or formatting has occurred without need for release. USDA has accepted a policy and watermark is reviewed.

Date of Origin: Date policy was initially released